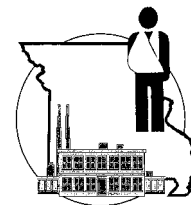


Missouri Department of Labor and Industrial Relations
DIVISION OF WORKERS' COMPENSATION

*This employer is operating under and subject to
the provisions of the Missouri Workers' Compensation Law.*



If A Work Injury Occurs . . .

Missouri law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered. The key is whether it was caused by the job. (Some injuries from an off-duty company, social or athletic activity - for example, the company picnic or the department bowling team - may not be covered.) Check with your supervisor if you have any questions.

Workers' Compensation Benefits Include . . .

★ **Medical Care.** All medical treatment - without a deductible to the employee or dollar limit. Costs are paid directly by your employer's insurance company, so you should never see a bill. If you do receive a bill, give it to the employer's designated representative or contact the insurer listed below.

Your employer will arrange for medical treatment. If you want to change doctors you must get authorization from the employer. If you go to a doctor without authorization it is at your expense.

★ **Payment for Lost Wages.** If you are temporarily disabled by a job injury or illness, you will receive tax-free income until the doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to a maximum set by state law. Payments are not made for the first three days your employer is open for business, unless you are unable to work more than 14 calendar days. If you do not receive a check, contact the insurer listed below. If the injury or illness results in a permanent handicap, permanent disability payments will be made after maximum recovery. If the injury results in death, benefits will be paid to surviving dependents.

In The Event Of A Work Injury . . .

Employer Must:

1. Be sure first aid is given.
2. See that the injured employee is directed to a doctor or hospital, if necessary.

Employee Must:

1. Report the injury **IMMEDIATELY** to your supervisor or

_____ (Employee Representative)

at _____ (Phone Number).

A delay of more than thirty (30) days in reporting an accident may result in loss of right to compensation benefits.

2. If you have questions about Workers' Compensation, your employer will supply you with

additional information or you may contact an Information Specialist at the Division of Workers' Compensation 1-800-775-COMP.

Workplace Safety Contact

Contact your company safety officer, _____, at _____.
You may also contact the Missouri Workers' Safety Program at 1-800-775-COMP or
573-526-3504. E-mail: mowsp@doldwcmail.dolir.state.mo.us or on the web at
www.dolir.state.mo.us/wc/mwsp.

Insurance Information Contact

Name _____

Address _____

Phone Number _____

If Noncompliance Occurs . . .

Contact 1-800-592-6003 if you believe your employer does not:

1. Insure his/her employees with workers' compensation insurance.
2. Report employee injuries to the Division of Workers' Compensation.
3. Post workers' compensation notices at all work areas.

★ Noncompliance by an employer is unlawful and is subject to a \$25,000 fine or twice the annual premium of the policy, whichever is greater or is also subject to criminal prosecution by the State of Missouri.

If Fraud Occurs . . .

Contact 1-800-592-6003 if you suspect fraudulent action by one of the following:

1. An employee, employer, insurer, physician, attorney or others involved in the filing of a false workers' compensation claim.
2. Misrepresentation of job classifications made by an employer or an insurer.

★ Fraud is unlawful and subject to criminal prosecution by the State of Missouri.

If you have questions or need more information about Workers' Compensation benefits, contact an Information Specialist at:

Missouri Division of Workers' Compensation
3315 West Truman Blvd., P.O. Box 58
Jefferson City, MO 65102-0058
1-800-775-COMP* • TDD 1-800-735-2966

*This toll-free number is provided for employee's questions only. Section 287.126 RSMo. Other persons with questions may call 573/751-4231 for information and assistance. This poster must be displayed in its original size 11 x 17.

The Division of Workers' Compensation does not discriminate against individuals with disabilities as mandated by P.L. 101-336, The Americans With Disabilities Act. Alternative format available upon request.

Required by Section 287.127 RSMo.